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Bib Data Sheet

CONFIRMATION NO. 4276

SERIAL NUMBER 10/689,296	FILING DATE 10/20/2003 RULE	CLASS 455	GROUP ART UNIT 2685	ATTORNEY DOCKET NO. NG(ST)-6565
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** CONTINUING DATA *****

No, BY

** FOREIGN APPLICATIONS *****

No, BY

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/16/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		DRAWING	CLAIMS	
Verified and Acknowledged	 Initials	CA	8	27	4

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FILING FEE RECEIVED 982	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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